MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (61)

09527

CERTIFICATE OF DEATH

Reg. Dist. No. 102

1. PLACE OF DEATH:

County: Charles

City or town: Rural near Grayton
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 18 days

Hospital, institution, or street address where death occurred: "Jacob Levine's Farm"

How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Virginia County: Fairfax

City or town: Fairfax
(If ontside city or town limits, write RURAL and give nearest town)

Street No. —
(If rural, give LOCATION)

2.(a) If veteran, name war: —

3.(a) FULL NAME: Ernest Lee Bladen

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widowed

6.(b) Name of husband or wife: Effie Bladen — nee Crump

6.(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.): Oct. 14, 1862

8. AGE: Years	Months	Days	If less than one day
77	11	10	...hrs. ...min.

9. Birthplace: Alexandria, Va.
(Town, county, and state)

10. Usual occupation: Butcher (retired)

11. Industry or business: Stockyards

FATHER
12. Name: Charles Bladen
13. Birthplace: England

MOTHER
14. Maiden name: Anne —
15. Birthplace: Unknown

16. Informant: Mrs. Sallie Cockerham (nurse)
Address: Grayton, Md.

17. Removal (Burial, cremation, or removal. Which?) Date thereof: Sept. 24, 1940 (month) (day) (year)

Cemetery or crematory: Alexandria, Va

Location: " "

19. Funeral director: Hunter & Ryon

Address: Waldorf, Md.

19. Sept 24 1940 (Date rec'd by registrar) John J. Madden Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept. 24 1940 at 9:45 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept. 24 1940 to — 19— and that I last saw him alive on Sept. 24 1940

Immediate cause of death	DURATION
Diabetic gangrene of leg	4 days
Due to: Diabetes mellitus	?
Due to:	
Other conditions: Generalized arteriosclerosis	?

(Include pregnancy within 3 months of death)

Major findings of operations: —

Date of op. —

Autopsy results: —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: James L. McKenna, M.D., Dep. Med. Examiner
M. D. or other

Address: La Plata, Md. Date signed 9-24-40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

Alma & Lynn
Waldorf MD

RECEIVED
OCT 4 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

09528

1. PLACE OF DEATH (160-C)

County: Bryantown Charles — Registration Dist. No. 108

Village or City: Bryantown — No. ____ St., ____ Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U.S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Infant Booth

(a) Residence: No. Bryantown Md. St., Ward. ____

(Usual place of abode) — If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
M	Cal	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept 8 1940

7. AGE: Years — Months — Days 3 — If LESS then 1 day, ____ hrs. or ____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Infant

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Infant

10. Date deceased last worked at this occupation (month and year) Infant

11. Total time (years) spent in this occupation Infant

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME John Booth

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Margie Lyles

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT (Address) Leo Booth Jr. Hughesville Md

18. BURIAL, CREMATION, OR REMOVAL

Place Bryantown Ch. Date Sept 7, 1940

19. UNDERTAKER (Address) Geo. Booth Hughesville Md

20. FILED 9/12/40, 19 Earl Chappelear Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Sept (Month) 11 (Day) 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from 9/8/40, 1940, to 9/10, 1940

I last saw him alive on 9/10, 1940; death is said to have occurred on the date stated above, at 12 m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Premature Labor	

Other Contributory Causes of importance:

Delayed Labor

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19____

Where did injury occur? ____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____

If so, specify ____

(Signed) J D Chappelear M. D.

(Address) Hughesville Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

RECEIVED OCT 3 1940 VITAL ST.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

09529

CERTIFICATE OF DEATH

Reg. Dist. No. 108

1. PLACE OF DEATH:

County: Caroline

City or town: Hughsville Md
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State _____ County _____

City or town _____ Ward No. _____
(If outside city or town limits, write RURAL NEAR and give town)

Street No. _____
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR _____

3. (a) FULL NAME Infant Briscoe

3. (b) Social Security Number _____

4. Sex: M

5. Color or race: Cal

6. (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife _____

6(c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.): 9/11/40

8. AGE: Years | Months | Days | If less than one day: Stillborn hrs. _____ min.

9. Birthplace: Hughsville Md
(Town, county, and state)

10. Usual occupation: Infant

11. Industry or business: "

FATHER
12. Name: Austin Jeanne Briscoe
13. Birthplace: Md

MOTHER
14. Maiden name: Lucy Frances Smith
15. Birthplace: Md

16. Informant: Lucy Briscoe

Address: Hughsville Md

17. _____ Date thereof _____
(Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory: Bryantown Church

Location: Bryantown Md

16. Funeral director: John Reed

Address: Bryantown Md

19. 9/11/40 19 Eva Shaffelear
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept 11 1940, at 10 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 9/11 1940, to 9/11 1940, and that I last saw him alive on 9/11 1940.

Immediate cause of death: Stillborn

Due to: Protracted Labor

Due to: General Debility

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:

Of operations _____

Of autopsy _____

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE: F D Chippeler M. D. or other

Address: Hughsville Md Date signed: 9/11/40

RECEIVED
OCT 3 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

09530

Reg. Dist. No. 103

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Charles

City or town: Newport (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 3 weeks

Hospital, institution, or street address where death occurred: —

How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Md. County: Charles

City or town: Newport (If outside city or town limits, write RURAL and give nearest town)

Street No. — (If rural, give LOCATION)

2.(a) If veteran, name war:

3.(a) FULL NAME James Eugene Dade

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Negro	Single

6.(b) Name of husband or wife:

6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): May 10, 1940

8. AGE: Years	Months	Days	If less than one day
	4	7	hrs. min.

9. Birthplace: Wicomico, Charles, Md. (Town, county, and state)

10. Usual occupation: Infant

11. Industry or business

FATHER — 12. Name: Leo Chase

FATHER — 13. Birthplace: Charles County, Md.

MOTHER — 14. Maiden name: Mabel Lucille Dade,

MOTHER — 15. Birthplace: Wicomico, Md.

16. Informant: Mabel Dade (Mother)

Address: Newport, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 9-17-40 (month) (day) (year)

Cemetery or crematory: St. Mary's Cemetery

Location: Newport Md.

19. Funeral director: Shirley Price "Acting"

Address: Newport. Md.

19. Sept. 17 1940 (Date rec'd by registrar) J. P. Tippett Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept. 17, 1940, at 5:00 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept. 6 1940, to Sept. 17 1940 and that I last saw him alive on Sept. 13 1940

Immediate cause of death	DURATION
Congenital syphilis	4½ mos
Due to	
Due to	
Other conditions: Feeding trouble due to maternal psychopathology with apathy. (Include pregnancy within 3 months of death)	4½ mos

Major findings of operations: — Date of op.

Autopsy results: —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: James L. MacKenzie, M.D. (M. D. or other)

Address: La Plata, Md. Date signed 9-17-40

RECEIVED
OCT 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

09531

CERTIFICATE OF DEATH

Reg. Dist. No. 10-J

1. PLACE OF DEATH:

County: Charles

City or town: Rural near La Plata
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 4 days

Hospital, institution, or street address where death occurred: —

How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md. County: Charles

City or town: Rural near La Plata
(If outside city or town limits, write RURAL and give nearest town)

Street No.: "Hawthorn"
(If rural, give LOCATION)

2.(a) If veteran, name war: —

3. (a) FULL NAME: Frances Dyer

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Negro	Single

6.(b) Name of husband or wife: —

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Sept. 13, 1940

8. AGE:

Years	Months	Days	If less than one day
0	0	4	..... hrs. ..... min.

9. Birthplace: La Plata, Charles Md.
(Town, county, and state)

10. Usual occupation: Infant

11. Industry or business: —

FATHER
12. Name: Phil Thomas
13. Birthplace: La Plata, Md.

MOTHER
14. Maiden name: Frances Dyer,
15. Birthplace: La Plata, Md.

16. Informant: Mary Proctor (midwife)
Address: La Plata, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Sept 19 1940 (month) (day) (year)

Cemetery or crematory: Sacred Heart Cemetery

Location: South

18. Funeral director: Wilburn Dyer (acting)
Address: La Plata Md -

19. Sept 19th 1940 (Date received by registrar) Lillian Posey, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept. 17 1940, at 8:55 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept. 13 1940, to Sept. 17 1940 and that I last saw h...en...alive on Sept. 17 1940

Immediate cause of death	DURATION
Hemorrhagic disease of newborn	4 days
Due to: Probably due to congenital syphilis	4 days
Due to: (Mother under treatment)	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: —

Date of op. —

Autopsy results: —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE: James L. MacKavanagh M.D.
M. D. or other

Address: La Plata, Md. Date signed: 9-17-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
OCT 7 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94b)

09532

CERTIFICATE OF DEATH

Reg. Dist. No. 104

1. PLACE OF DEATH:

County: Charles

City or town: Faulkner

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: 9-10-40 County: Charles

City or town: Faulkner Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: James H. Garner

3. (b) Social Security Number: 212-12-6072

4. Sex: M

5. Color or race: N

6. (a) Single, married, widowed, or divorced: married

8 (b) Name of husband or wife: Winifred J. Murphy

6(c) If alive, give age: 42 years

7. Birth date of deceased (mo., day, yr.): September 18 - 1888

8. AGE: Years: 0 2 | Months: 011 | Days: 2 | If less than one day: hrs. min.

9. Birthplace: La Plata (Town, county, and state)

10. Usual occupation: Automobile Mechanic

11. Industry or business

FATHER

12. Name: George L. Garner

13. Birthplace: La Plata Md.

MOTHER

14. Maiden name: Gunnette C. Lyon

15. Birthplace: Spring Hill Md.

18. Informant: Hiram Garner Jr.

Address: Faulkner

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 9-11-40 (month) (day) (year)

Cemetery or crematory: Mount Rest

Location: La Plata Md.

18. Funeral director: Hunt & Ryon

Address: Waldorf

19. 9-10-1940 (Date rec'd by registrar) T. L. Higdon Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 9-9- 1940, at 9:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 9-8- 1940, to 9-9- 1940, and that I last saw him alive on 9-9- 1940.

Immediate cause of death: Angina pectoris

DURATION: fm mor

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: T. L. Higdon M. D. or other

Address: Waldorf 9-10-40 Date signed

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
OCT 5 1940
BUREAU V. S.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-00)

09533

CERTIFICATE OF DEATH

Reg. Dist. No. 101

1. PLACE OF DEATH:

County: Charles

City or town: Pisgah (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Md. County: Charles

City or town: Pisgah Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No. (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: George F. Hoffman.

3. (b) Social Security Number

4. Sex: M

5. Color or race: W

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Emma Hoffman.

6(c) If alive, give age: 45 years

7. Birth date of deceased (mo., day, yr.): Dec. 24, 1892

8. AGE: Years 47 | Months 9 | Days — | If less than one day ___ hrs. ___ min.

9. Birthplace: White Sulphur Springs, Virginia (Town, county, and state)

10. Usual occupation: Farmer.

11. Industry or business

FATHER
12. Name: Geo. Hoffman.
13. Birthplace: Virginia

MOTHER
14. Maiden name: Maria B. Crump.
15. Birthplace: Virginia.

16. Informant: Wm. Riley.

Address: Indian Head, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Sep 27 1940. (month) (day) (year)

Cemetery or crematory: Baptist Church.

Location: Marbury Md.

18. Funeral director: Hunt & Ryon.

Address: Waldorf, Md.

19. Sept. 26 1940 (Date rec'd by registrar) Mary Sutherland Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sep 24 1940, at 7 45 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb. 1940 to Sep 1940, and that I last saw him alive on Sep 24 1940.

Immediate cause of death: Cerebral Hemorrhage.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Geo. C. Bicknell, M.D. (M. D. or other)

Address: Marbury Md Date signed: Sep 26, 40

RECEIVED
OCT 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (95-C)

09534

CERTIFICATE OF DEATH

Reg. Dist. No. 105

1. PLACE OF DEATH:
County: Charles
City or town: Rural Waldorf Md.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 32 yrs
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Charles
City or town: Rural Waldorf, Md.
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME: Anna Janschek

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	White	Widowed

6.(b) Name of [redacted] wife: Michael Janschek
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): June 16, 1875

8. AGE: Years	Months	Days	If less than one day
65	3		..... hrs. ..... min.

9. Birthplace: Europe (Town, County, and state)
10. Usual occupation: Housework
11. Industry or business

FATHER
12. Name: ?
13. Birthplace

MOTHER
14. Maiden name: ?
15. Birthplace

16. Informant: Nick Janschek
Address: Waldorf, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 9/18/40 (month) (day) (year)
Cemetery or crematory: St. Peters
Location: Waldorf, Md.

18. Funeral director: Hunter & Bryon
Address: Waldorf, Md.

19. Sept 17 1940 (Date rec'd by registrar) M. L. Edwards Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept. 16 1940, at 11 A.M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 1940, to March 1940
and that I last saw h[redacted] alive on March 1940

Immediate cause of death	DURATION
Cerebral Hemorrhage	
Due to	
Due to Cerebral Arthrosclerosis	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ..... Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: Emma Lynch M. D. or other
Address: Waldorf Date signed Sept 17

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
OCT 5 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

09535

94a

1. PLACE OF DEATH

County Charles Registration Dist. No. 108

Village or City Hughesville No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 1 yrs. 6 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Tilley Keech U. S. Veteran, specify WAR

(a) Residence: No. Hughesville Md. Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie Louise Dyer

6. DATE OF BIRTH (month, day, and year) April 28, 1858

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	82	4	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Farmer and School Teacher

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) 1931 @ 1879 11. Total time (years) spent in this occupation 61 @ 2

12. BIRTHPLACE (city or town) (State or country) Chas Co. Md

FATHER

13. NAME William Jotheron Keech

14. BIRTHPLACE (city or town) (State or country) ~~Florida~~ ?

MOTHER

15. MAIDEN NAME Olivia Tinsdale Tiley

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Mary Edelen (Address) La Plata Md

18. BURIAL, CREMATION, OR REMOVAL Place St Marys County Date 9/10, 1940

19. UNDERTAKER Elmer M Goode (Address) Hughesville Md

20. FILED 9/10, 1940 Eva Hoppe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Sept (Month) 8 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from March 1940, to Sept 8, 1940

I last saw him alive on March 7, 1940; death is said to have occurred on the date statad above, at 11:30 A.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	8-4-40
	9-8-40

Other Contributory Causes of Importance: Generalized Arteriosclerosis | 1

Name of operation Date of

What test confirmad diagnosis? Was there an autopsy?

23. If death wes due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether Injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.

Manner of Injury

Nature of Injury

24. Was diseese or Injury in any way related to occupation of deceased? No

If so, specify

(Signed) C. J. Edelen M. D.

(Address) La Plata, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED
OCT 3 1940
U. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (48-A)

09536

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH:

County: Charles

City or town: La Plata

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 3.5 mos.

Hospital, institution, or street address where death occurred: —

How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md. County: Charles

City or town: La Plata

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME: Ola Blanche Posey

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

6.(b) Name of husband or wife: Conrad Posey

6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): March 6, 1875

8. AGE:

Years	Months	Days	If less than one day
65	6	19	hrs. min.

9. Birthplace: Spring Hill Charles, Md.
(Town, county, and state)

10. Usual occupation: Housekeeper

11. Industry or business: own home

FATHER
12. Name: Michael Martin
13. Birthplace: Charles County, Md.

MOTHER
14. Maiden name: Henrietta Hancock
15. Birthplace: Charles County, Md.

16. Informant: Mrs. Dunsmith Stickley (daughter)
Address: La Plata, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Sept. 27-1940 (month) (day) (year)

Cemetery or crematory: Mt Rest Cemetery

Location: East.

18. Funeral director: Hewitt and Ryon

Address: Waldorf Md

19. Sept. 26 1940 (Date rec'd by registrar) Lillian Posey Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept. 25 1940, at 3:05 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept. 17 1940, to Sept. 25 1940

and that I last saw her alive on Sept. 24 1940

Immediate cause of death	DURATION
Carcinoma of cervix uteri	14 months
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: —

Date of op.: —

Autopsy results: —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: James L. MacKavanagh, M.D.
M. D. or other

Address: La Plata, Md. Date signed 9-25-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
OCT 7 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

09537

83-a

1. PLACE OF DEATH

County Charles Registration Dist. No. 8-101

Village or City Hilltop No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Reginald Oliver Price If U. S. Veteran, specify WAR

(a) Residence: No. Hilltop Md. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)
M	C	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb 7, 1906

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	34	7	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Farmer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) Sept 7, 40

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Hilltop
(State or country) Md.

FATHER

13. NAME Robert Price

14. BIRTHPLACE (city or town) Hilltop Chas Co. Md.
(State or country)

MOTHER

15. MAIDEN NAME Julia Jones

16. BIRTHPLACE (city or town) Hilltop Chas Co. Md.
(State or country)

17. INFORMANT (Nephew) Theodore Price
(Address) Hilltop Md.

18. BURIAL, CREMATION, OR REMOVAL Hill Top Md.
Place Zion Cemetery Date 13 Fr 19 40

19. UNDERTAKER John T. Stewart
(Address) 1308 H St N.W. Wash D.C.

20. FILED Sept 10, 1940 Katie V. Davis
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH September 29, 1940
(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from Sept 10, 1940, to Sept 29, 1940

I last saw h.i.l. alive on Sept 28, 1940; death is said to have occurred on the date stated above, at 7:00 A.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	9-10-40
" "	9-27-40
Other Contributory Causes of importance:	
Hypertension	1936

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? — Date of injury, 19

Where did injury occur?
(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Natura of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) E. J. Edelen M. D.

(Address) La Plata Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

RECEIVED
DEC 11 1928
BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

09538

83-a

1. PLACE OF DEATH

County Charles Registration Dist. No. 103

Village or City Faulkner No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Alice Short If U. S. Veteran, specify WAR

(a) Residence: No. Faulkner Md St., Ward.

Bel Alton Md (usual place of abode)

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
F	C	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Heber Short

6. DATE OF BIRTH (month, day, and year): June 8

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Housekeeper

9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc.: Home

10. Date deceased last worked et this occupation (month and year): Life

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Charles Co Md

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME: Olivia Hungerford

16. BIRTHPLACE (city or town) (State or country): Charles Co Md

17. INFORMANT: Heber Short (Address) Bel Alton

18. BURIAL, CREMATION, OR REMOVAL

Place St. Thomas. Date 9/29, 1940

19. UNDERTAKER: Hunt & Ryon (Address) Waldorf Md

20. FILED Sept 29, 1940 Mary E. Burch Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH September 26 (Month) (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Jan 6 1940 to Sept 26 1940

I last saw her alive on Sept 26, 1940; deeth is seld to have occurred on the date stated above, et 7P m.

The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:

	Date of onset
Cerebral Hemorrhage	9/26/40
Other Contributary Causes of Importance:	
Hypertension	1936

Neme of operetion — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If deeth was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did Injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.

Manner of Injury

Neture of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) C. J. Edelen M. D.

(Address) La Plata Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

RECEIVED OCT 5 1940 BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

09539

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (84d)

CERTIFICATE OF DEATH

Reg. Dist. No. 105

1. PLACE OF DEATH:

County: Charles.

City or town: Rural Waldorf, Md.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md. County: Charles

City or town: Rural, Waldorf, Md.
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME: Elizabeth M. Willett

3. (b) Social Security Number

4. Sex: F

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Married

6.(b) Name of husband or ~~wife~~: Benj. R. Willett

6.(c) If alive, give age: 73 years

7. Birth date of deceased (mo., day, yr.): Aug 22, 1875

8. AGE: Years: 65 Months: Days: 25 If less than one day: hrs. min.

9. Birthplace: Waldorf, Chas. Co. Md.
(Town, county, and state)

10. Usual occupation: Housework

11. Industry or business

FATHER
12. Name: William I. Acton
13. Birthplace: Chas. Co. Md.

MOTHER
14. Maiden name: Sarah Elizabeth Hicks
15. Birthplace: Chas. Co. Md.

16. Informant: Benj. R. Willett
Address: Waldorf, Md.

17. Burial (Burial, cremation, or removal, Which?) Date thereof: 9/19/40 (month) (day) (year)

Cemetery or crematory: Ceney

Location: Waldorf, Md

18. Funeral director: Hunt & Ryan
Address: Waldorf, Md.

19. Sept 17 1940 (Date rec'd by registrar) M. L. Monroe Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept. 17 1940, at 2 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 12 1940, to Sept 15 1940 and that I last saw her alive on Sept 15 1940

Immediate cause of death: Elevation from self inflicted from mental condition

DURATION

Due to

Due to

Other conditions
(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Thos Lynch M. D. or other

Address: Waldorf Date signed: Sept 17

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
OCT 5 1940
BUREAU V. S.